



RESIDENCY PROGRAM APPLICATION BAY PINES VAHCS

“Application No. 3”

Applicant:

First Name MI Last E-mail

Present Address:

Street Address or P.O. Box

City State Zip Phone

Permanent Address:

Street Address or P.O. Box

City State Zip Phone

Residency Program for which you are applying:

Bay Pines VA:

(Check one only)

- ☐ PGY1 (formerly Pharmacy Practice)
☐ PGY1 Primary Care
☐ PGY2 Infectious Disease

Ft Myers VAOPC:

- ☐ PGY1 Primary Care

Please complete the following items along with this application:

Discussion of your professional goals
and objectives (one page, email)

A current *Curriculum Vitae* (email)

Copies of official transcripts from
all colleges of pharmacy attended

Three (3) letters of recommendation from
professional practitioner/clinical faculty
(Must be emailed confidentially)

Licensure/Citizenship

Are you licensed to practice pharmacy in the United States? ☐ Yes ☐ No

If so, in what state? Year Licensed: License #

If not, what is the expected date that you will be eligible for pharmacist licensure?

Are you a United States citizen? ☐ Yes ☐ No

Please answer the following questions:

How will your past accomplishments ensure your success as a pharmacy resident?

Discuss some aspect of direct patient care where you feel you had a vested, personal interest in the patient's outcome.

Why have you chosen to apply to this residency program?

How do you feel about the following required activities:

Public speaking:

Staffing:

Research project:

Writing progress notes:

Complete and email this form by January 5th to:

Carolyn Stephens, Pharm.D.
Residency and Education Coordinator
Carolyn.stephens@va.gov